

DIRECT DEPOSIT ENROLLMENT

Instructions:

- 1. Fill out the top part of this form, sign, and date.
- 2. Have your bank fill out the bottom part of this form.
- 3. Send the completed form to:

DSHS DIRECT DEPOSIT/EBT PO BOX 9254 OLYMPIA WA 98507-9254

PART 1. PLEASE PRINT THE FOLLOWING INFORMATION		
NAME (YOUR LAST NAME, FIRST NAME, AND MIDDLE INITIAL)		YOUR TELEPHONE NUMBER (AND AREA CODE)
YOUR MAILING ADDRESS	CITY	STATE ZIP CODE
YOUR CLIENT IDENTIFICATION NUMBER	R	SOCIAL SECURITY NUMBER
YOUR BANK ACCOUNT NUMBER	WHAT TYPE OF B	BANK ACCOUNT IS IT? CHECK ONE.
		Checking Savings
PLEASE READ THE FOLLOWING AND SIGN BELOW		
I authorize the Department of Social and Health Services (DSHS) to deposit my cash assistance benefits		
directly into the account listed below. If needed, they may also correct any entry errors. I agree to fill out a		
new enrollment form if I change banks or bank accounts. I understand that if I want to stop Direct Deposit, I		
must notify DSHS in writing.		
, c		
I have read and understand the above.		
SIGNATURE		DATE
· · · · · · · · · · · · · · · · · · ·		
PART 2. THE FOLLOWING MUST BE COMPLETED BY YOUR BANK.		
BANK TRANSIT/ROUTING NUMBER	BANK ACCOUNT NUMBER	
I certify the bank transit/routing number and the personal account number listed above are correct.		
BANK EMPLOYEE'S SIGNATURE DATE	PRINT NAME OF BANK EMPLOYEE HERE	
BANK'S NAME AND BRANCH		